

City of Morgan Hill Employment Application

Human Resources Office, 17555 Peak Avenue, Morgan Hill, CA 95037 Office: (408)779-7278 Job Hotline: (408)779-7276 TDD: (408)776-7381 www.morganhill.ca.gov

Office Use Only:	Date Received:	By:	
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Instructions to Applicants:

- 1. A separate application is required for each position for which you apply.
- 2. Type or print in ink. Incomplete or illegible applications will not be considered
- 3. Inform the Human Resources Office of any change of address; otherwise you may lose your opportunity for employment.
- 4. Materials submitted with the application *will not* be returned.
- 5. The application **MUST** be completed. A resume *will not* be accepted instead of the completed application.
- 6. Applicants with disabilities: If you need assistance in the application process, please contact the Human Resources Office as soon as possible.

PERSONAL INFORMATION Position Applying For : Full Name: First M.I. Mailing Address: ______Street City Zip Code Other Phone: () E-Mail Day Phone: (Are you over 18? ☐ Yes ☐ No If No, can you submit a work permit if hired? ☐ Yes ☐ No Police Officer applicants only: What is your date of birth? Are you a U.S. citizen or do you have the right to work permanently in the U.S.? □ Yes □ No (If hired, you will be required to submit verification of your legal right to work in the U.S.) Languages you speak fluently other than English: Were you referred to this job opening by a current City of Morgan Hill employee? □ Yes □ No (if yes, state whom): Please answer the following questions. "Yes" answers are not necessarily disqualifying. Yes/No Explain: Have you ever been convicted of any offense other than a driving violation or convictions that are over two years old as of the date of this application for violations of H&S Codes 11357,11360,11364,11365,or 11550 as these statutes relate to marijuana? You are not required to make disclosures prohibited by the Labor Code. If ves, list offense and date here. Have you ever been convicted of reckless driving or driving under the influence of alcohol/drugs OR has your driver's license ever been suspended or revoked? If ves, list offense and conviction date here. Were you ever discharged from employment or forced to resign? If yes, explain. Are you now or have you ever been employed by the City of Morgan Hill? Do you have a relative who is an official or employee of the City of Morgan Hill? If ves, explain.

Rev. 1-2009

EDUCATION AND TRAINING

Name and location (City/State) of High School:			Highest grade completed:				
ivame and location (City/State) of riigh School.			Do you have a High School Diploma? ☐ Yes ☐ No				
			Oo you have		□ Yes		
Nama & lanation (City/State) of	Callaga ar University					5 LI NO	
Name & location (City/State)of College or University:			Major Subjects:				
		Ţ	Jnits:	Sem/Qtr	Degree	:	
Name & location (City/State)of College or University:			Major Subjects:				
		Ţ	Jnits:	Sem/Qtr	Degree	:	
Name & location (City/State)of College or University:			Major Subjects:				
		Ţ	Jnits:	Sem/Qtr	Degree	:	
(Use additional sheets if ne	ecessary)						
Name & location (City/State)of	f Trade/Technical School:	Course S	Studied:		Duration:	Completed?	
Name & location (City/State)of	f Trade/Technical School:	Course S	Studied:		Duration:	Completed?	
Name & location (City/State)of	f Trade/Technical School:	Course S	Studied:		Duration:	Completed?	
(Use additional sheets if ne	ecessary)						
Licenses or Certificates that rel	ate to this position (attach	Compute	r Literacy: l	List software that	you are proficie	ent in using.	
copies):							
WORK EXPERIENCE	E						
Do not indicate "SEE RESU	ME" - this section must be c	completed. S	tarting with	your most recent	experience, lis	st all jobs	
for the last 10 years and expla	in any time periods in which y	you were unen	nployed. If	you have relevant	experience an	d it is	
more than 10 years old, be sur part-time and internship exper	re to document it also. List each tience it will be prorated to a f	ich change in t full time equiv	atle or prom valent Use	notion separately.	List all paid, v if necessary	olunteer,	
Dates of Employment	Name & Address of Emplo			Type of Busin			
From: Mo/Yr							
To: Mo/Yr				Job Title:			
Hours Per Week:	Supervisor's name, title & p	ohone:					
# Supervised:							
Final Salary:	Duties:						
(per yr., mo., wk., hr.)							
\$ per							
Reason for Leaving:							

Dates of Employment	Name & Address of Employer:	Type of Business:		
From: Mo/Yr		Job Title:		
To: Mo/Yr		Job Title.		
Hours Per Week:	Supervisor's name, title & phone:			
# Supervised:				
Final Salary: (per yr., mo., wk., hr.)	Duties:			
\$ per				
Reason for Leaving:				
Dates of Employment	Name & Address of Employer:	Type of Business:		
From: Mo/Yr		Job Title:		
To: Mo/Yr				
Hours Per Week:	Supervisor's name, title & phone:			
# Supervised:				
Final Salary: (per yr., mo., wk., hr.)	Duties:			
\$ per				
Reason for Leaving:				
Dates of Employment	Name & Address of Employer:	Type of Business:		
From: Mo/Yr		Job Title:		
To: Mo/Yr				
Hours Per Week:	Supervisor's name, title & phone:			
# Supervised:				
Final Salary: (per yr., mo., wk., hr.)	Duties:			
\$ per				
Reason for Leaving:				

CERTIFICATION OF APPLICANT: I hereby certify that the information contained in this application for employment is true and complete to the best of my knowledge. I understand that any misrepresentation or deliberate omission of a material fact in my application may disqualify me from the application process or terminate my employment. I agree to undergo a job related physical examination by a City physician, including drug testing, fingerprinting and background check, if offered employment. I authorize the employers, schools or persons named in my application documents to give any additional information regarding my qualifications and character, and release them from any liability for any damages whatsoever for issuing this information to the extent permitted by law. I further understand that all application materials provided become public record and property of the City and will not be returned. Public records are required by law to be made available during normal business hours to any person, including the news media.

Signature (Required
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